



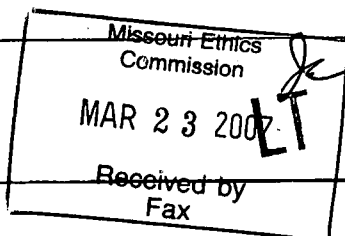
MISSOURI ETHICS COMMISSION
24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

M.E.C. ID NO. C061610

P.O. BOX 1254
JEFFERSON CITY, MO 65102
(800) 392-8860
(573) 526-4508 (FAX)
www.mec.mo.gov

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

1. STATEMENT DATE 3/23/07		PLEASE NOTE: Any late contribution or loan reported must also be <u>included</u> in subsequent committee disclosure reports.	
2. FULL NAME OF COMMITTEE FORD FOR KANSAS CITY			
ADDRESS OF COMMITTEE ADDRESS: 110 NW BARRY ROAD #201 CITY / STATE / ZIP: KANSAS CITY MO 64155			
3. NAME OF CANDIDATE EDWARD FORD		4. OFFICE SOUGHT COUNCIL PERSON AT LARGE DISTRICT 2 - KC	
FULL NAME: Faulkless Starch / Bay Art Company		DATE RECEIVED 3/22/07	AMOUNT \$250
ADDRESS: 1025 West 8th Street			
CITY / STATE / ZIP: KANSAS CITY, MO. 64101			
FULL NAME: Buildens' Assoc PAC		DATE RECEIVED 3/22/07	AMOUNT \$500
ADDRESS: 632 West 39th Street			
CITY / STATE / ZIP: KANSAS CITY, MO. 64111			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
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CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			





MISSOURI ETHICS COMMISSION
24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

M.E.C. ID NO. C 041403

P.O. BOX 1254
JEFFERSON CITY, MO 65102
(800) 392-8660
(573) 526-4508 (FAX)
www.mec.mo.gov

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1. STATEMENT DATE 3-23-07 **PLEASE NOTE: Any late contribution or loan reported must also be included in subsequent committee disclosure reports.**

2. FULL NAME OF COMMITTEE Integrity In Law Enforcement Missouri Ethics Commission J
ADDRESS OF COMMITTEE
ADDRESS: 400 W. Kansas
CITY / STATE / ZIP: Independence, Mo 64050
MAR 23 2007
Received by LT
Fax

3. NAME OF CANDIDATE 4. OFFICE SOUGHT

FULL NAME: <u>Beth Gottstein</u>	DATE RECEIVED <u>3-23-07</u>	AMOUNT <u>25,000.00</u>
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
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